

FLORIST PLANT APPLICATION

Tennessee Department of Agriculture Plant Certification P.O. Box 40627, Melrose Nashville, TN 37204

TYPE OR PRINT ONLY		(Check one) New Re	egistration Renewal
		Certificate Number:	
Name of Business		Store ID Number	
Owner or Manager		Area Code and Phone Number	
Street Address, P.O. Box	City	State Zip Code	County
		RED FOR EACH SALES LO FOR THE CERTIFICATION	
I the undersigned do hereby agree that all of growers, dealers or plant brokers who have following nurserymen or nursery firms. (Sh	e been granted official cer	tificates of inspection, and that	at I expect to secure plants from the
NAME/ADDRESS OF GROWERS AND FIR	RMS SUPPLYING PLANTS	(Do not list suppliers of cut flow	ers, pots, fertilizers, bark, etc.)
It is further agreed that records (invoices, c and nursery stock are obtained for a minim		ce stamps) will be kept of the a	actual sources from which all plants
DATE	SIG	GNATURE (Application not v	ralid unless signed)
Check List of items needed to be mailed to ☐ List of Vendors, ☐ Signed f Agriculture			t to the Tennessee Department of

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